

Maryland Department of Health  
Center for Healthy Homes and Community Services  
Youth Camps

Health Program Guidance

Purpose

The purpose of a written health program is to inform camp staff members and volunteers of the actions to follow to ensure each camper's health and safety while at camp.

Training

Staff members and volunteers must receive training in the Health Program. Training must include an opportunity to discuss the program and ask questions.

- Describe the training:** what/where/when. Explain how you will document that each staff member or volunteer is trained before camp and knows the health program.

Knowledge and Conduct

Staff members and volunteers must know and follow the Health Program procedures.

Availability

A copy of the Health Program must be available to camp staff members. The health program must be on file in the headquarters or office of the camp.

- State where are copies of the health program are kept.
- State whether staff/volunteers receive a copy.

Health Supervisor

A health supervisor is a **physician, certified nurse practitioner or registered nurse** who provides health services for a camp. He/she must be licensed to practice in Maryland. The health supervisor may be a registered nurse licensed in another state if that state is on the list of Compact States. For a list of Compact States see the attached list or for the most current list see the Maryland Board of Nursing website at <http://www.mbon.org>.

- A health supervisor approves the health program annually by signing and dating the written program.
- Provide the printed name, title, license number, and state where the license is held of the camp's health supervisor on the signature page.
- Provide telephone numbers/address or other information on how to reach the health supervisor.

During camp hours, a health supervisor must be available for consultation. If your camper population consists of 50% or more campers with identified medical problems as defined in COMAR 10.16.07.02B(18), a health supervisor must be on site while camp is in operation.

## Writing Health Program Procedures

Address each item below by describing your procedures or the actions you want your staff members to take:

1. Describe how you obtain Camper and Staff health information. (Provide copies of your forms)
2. Name the person or position of the person who reviews the health information.
3. When a camper's health form indicates an identified medical problem as defined in COMAR 10.16.07.02B(18), name the person or position of the person who contacts the camp's Health Supervisor to create a Plan of Action to deal with the day-to-day needs and medical emergencies of the camper.
4. Describe how camper health information is shared with staff members that need to know.
5. Explain how confidential health information is protected.
6. Name the person who is responsible for being aware of any campers with easily discernable signs of injury or illness.
7. Provide basic information on disease, illness and injury.
8. Describe the procedure for handling emergencies and accidents.
9. Name the people who are required to have first aid training.
10. Name the people who may call an ambulance or 911.
11. Name the people who will care for and supervise an injured or ill camper until picked up by parent.
12. Designate a health treatment area and state where it is located.
13. Name the person who will notify a parent when a camper is injured or ill and how it is done.
14. Name the person who will report camper injuries and illnesses to the camp's Health Supervisor and Maryland Department of Health. Follow the attached chart ([Required Health Reports](#))
15. Infectious disease prevention. Describe the following:
  - a. When staff members are required to wash their hands.
  - b. When personal protective equipment is required.
  - c. The camp's standards for personal hygiene.
  - d. The camp's exposure control plan.
16. Health Supervisor. List the person's name, title, license number and state in which the health supervisor's license is held.

17. Describe how the Health Supervisor can be contacted. Provide telephone/beeper numbers/address/email and other information on how to reach the camp's health supervisor.
18. State whether the Health Supervisor is on-site when 50% or more campers have identified medical problems as defined in COMAR 10.16.07.02B(18).
19. Include a signature page. Each year the camp's Health Supervisor must sign and date that they have approved the camp's Health Program.
20. Keep the original Health Program on file at camp headquarters/office.
21. Make sure the Health Program is available to staff members while the camp is operating.
22. Ensure that all health forms are retained for 3 years. This includes the following forms:
  - a. Incident Report Form
  - b. Medication Administration Authorization Form
  - c. Medication Administration Form
  - d. Medication Final Disposition Form

#### **Camper Medication Administration**

23. Describe how the camp operator will obtain written authorization from both the parent/guardian and the prescriber for all medications at camp. Indicate use of MDH-4758, Medication Administration Authorization Form or your form. If using your own form, see question 44 below.
24. Clearly state that the camp operator will ensure that, except at a primitive camp, if an emergency medication or while a medication is being administered, medications will be kept in a locked storage compartment.
25. Clearly state that the camp operator will ensure that all prescription medications will be kept in the original container bearing a pharmacy label that includes the:
  - (a) Prescription number;
  - (b) Date filled;
  - (c) Authorized prescriber's name;
  - (d) Patient's name;
  - (e) Name of the medication;
  - (f) Dose of the medication;
  - (g) Route of administration for the medication;
  - (h) Time or frequency of administration for the medication; and

(i) Expiration date;

26. Clearly state that the camp operator will ensure that nonprescription medications are kept in their original container that includes the directions for use.
27. Clearly state that the camp operator will ensure that medication is given to the camper from the original container.
28. Clearly state that the camp operator will ensure that the directions provided in the prescriptive order for the medication found on the Medication Administration Authorization Form or the standing order are followed.
29. Describe how the camp operator will ensure that the staff member or designated volunteer administering the medication or supervising a camper who is self-administering medication knows the side effects and toxic effects of the medication.
30. Describe how the camp operator will ensure that medication is kept in a secure manner.
31. State that the camp operator will ensure that emergency medications are handled according to the following:

(1) Except as allowed in COMAR 10.16.07.15, an operator shall ensure that:

(a) Emergency medication is:

- (i) Carried by the camper needing the medication if authorized by both the parent or guardian and a licensed or authorized prescriber to self-carry the medication;
- (ii) Carried by an adult staff member or volunteer directly supervising the camper;  
or
- (iii) Stored at a designated easily accessible location; and

(b) Emergency medication is administered by:

- (i) The camper so long as the camper is capable and authorized by both the parent or guardian and a licensed or authorized prescriber to self-administer the medication;
- (ii) An adult staff member or volunteer meeting the following requirements:

I. A licensed or certified professional:

[a] Who is authorized to practice in Maryland; and

[b] Whose scope of practice includes medication administration; or

II. An adult staff member or a volunteer who:

[a] Is designated by the operator; and

[b] On an annual basis successfully completes a training course approved annually by the Department; or

(iii) An adult staff member or volunteer trained by a health supervisor.

(2) An operator may allow a camper to self-carry an emergency medication if both the parent or guardian and a licensed or authorized prescriber have provided written consent for the camper to self-carry the emergency medication.

32. Clearly state that the camp operator will ensure that the medication is stored according to the manufacturer's directions.
33. Clearly state that the camp operator will ensure that a staff member or designated volunteer shall document medication administration on a Medication Administration Form. (Indicate use of DHMH-4759, Medication Administration Form or your form. If using your own form, see question 45 below.)
34. Clearly state that the camp operator will ensure that a staff member or designated volunteer shall document the final disposition of the medication on a Medication Final Disposition Form. (Indicate use of DHMH-4760, Medication Final Disposition form or your form. If using your own form, see question 46 below.)
35. Describe how the camp operator will ensure that within 2 weeks after the end of the camping session or when the medication is discontinued, the medication is:
- a. Returned to:
    - i. The parent;
    - ii. The guardian;
    - iii. An individual designated by the parent or guardian who has authorization to pick-up the camper and the medication;
    - iv. Camper, if authorized by the parent or guardian to take their medication with them at the end of the camping session; or
  - b. Destroyed
36. Describe the camp's policy on handling medications. Include staff administration, camper self-administration or a combination of both.
37. Name the person who administers medications if utilizing staff administration or the staff member / volunteer designated to supervise camper self-administration at camp

38. State that the individual administering medication is licensed or trained to do so. (Indicate license or training, such as registered nurse, certified medication technician, or 6-hour medication administration course by Maryland State Department of Education (MSDE))

Staff Member or Volunteer Medication Administration

39. Describe how the camp operator will provide a means to secure medication for a staff member or volunteer when a medication is brought to camp.
40. State how the camp operator will ensure that all staff member or volunteer medications are maintained in a secure manner at all times.
41. State whether staff members or volunteers will self-administer their medication or that there is designated staff member or volunteer that will administer medication to all other staff members or volunteers.
42. If a designated staff member or volunteer will administer medication to all other staff members or volunteers, then:
- c. State that the camp operator will ensure that a staff member or volunteer will provide written authorization on a medication administration authorization form for each medication brought to camp. (A staff member or volunteer who is an adult may sign their own medication administration authorization form in lieu of a parent or guardian.)
  - d. Explain that the camp operator will ensure that the following forms, per medication, are on file for each staff member or volunteer taking medication:
    - i. A Medication Administration Authorization Form?
    - ii. A Medication Administration Form?
    - iii. A Medication Final Disposition Form?
  - e. State that the camp operator will ensure that the forms required above are retained for 3 years and made available to the Department for review.

Electronic Health Records

*(Only include #43 if your camp uses electronic health records.)*

43. In the event of a power outage or loss of connection to server, explain that the camp operator will:
- f. Have access to camper, staff and volunteer health information.
  - g. Document injuries, illnesses and other reportable diseases and conditions in a paper health log.
  - h. Document medication administration on a paper form.

Medication Administration Forms

*(Only include #44-46 if your camp uses its own medication administration forms.)*

44. If you are using your own medication administration authorization form, state that it includes the following required pieces: (Include a copy of your form for review)

F(1) The written prescriptive order for the medication includes:

- (a) The child's name;
- (b) The child's date of birth;
- (c) The condition for which the medication is being administered;
- (d) Whether or not the medication is an emergency medication;
- (e) The name of the medication;
- (f) The dose of the medication;
- (g) The route of administration for the medication;
- (h) The time or frequency of administration for the medication;
- (i) If PRN, the frequency and for what symptoms the medication should be administered;
- (j) The known side effects of the medication specific to the camper;
- (k) The date medication administration shall begin;
- (l) The date medication administration shall end, not to exceed 1 year from the beginning date;
- (m) The authorized prescriber's name;
- (n) The authorized prescriber's title;
- (o) The authorized prescriber's telephone number;
- (p) The authorized prescriber's fax number;
- (q) The authorized prescriber's address;
- (r) The authorized prescriber's signature; and
- (s) The date the form is signed by the authorized prescriber;

(2) The following statement: "I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I

have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA”;

- (3) The parent's or guardian's signature;
- (4) The date the parent or guardian signed the form;
- (5) The parent’s or guardian’s primary phone number;
- (6) The parent’s or guardian’s alternative phone number;
- (7) If a camp allows a camper to self-administer medication, authorization to self-administer medication that includes:
  - (a) The following statement: “I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer”;
  - (b) The signature of the authorized prescriber and the date the form is signed under the statement in §F(7)(a) of this regulation; and
  - (c) The signature of the parent or guardian and the date the form is signed under the statement in §F(7)(a) of this regulation; and
- (8) If a camp allows a camper to self-carry emergency medication, authorization to self-carry emergency medication that includes whether the:
  - (a) Authorized prescriber gives permission for the child to self-carry emergency medication; and
  - (b) Parent or guardian gives permission for the child to self-carry emergency medication.

45. If you are using your own medication administration form, state that it includes all of the following required pieces: (Include a copy of your form for review)

- (1) Child’s name;
- (2) Child’s date of birth;
- (3) Name of the medication;
- (4) Dose of the medication;
- (5) Route of administration for the medication;

- (6) Time or frequency of administration for the medication;
- (7) Amount of medication administered;
- (8) Date and time of administration; and
- (9) Name of the individual who:
  - (a) Administered the medication to the child; or
  - (b) Supervised self-administration if the child self-administered the medication.

46. If you are using your own medication final disposition form, state that it includes all of the following required pieces: (Include a copy of your form for review)

- (1) The child's name;
- (2) The child's date of birth;
- (3) The name of the medication;
- (4) The final disposition of the medication;
- (5) Documentation that the medication is returned to the parent or guardian, or authorized individual, including the:
  - (a) Name of the individual to whom the medication was returned; and
  - (b) Signature of the staff member or volunteer who returned the medication; and
- (6) A section for documenting that the medication was destroyed that includes the:
  - (a) Signature of the individual responsible for destroying the medication;
  - (b) Signature of the individual witnessing the destruction of the medication; and
  - (c) Dates each individual signed the form.